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Serial No.: 10/710,898

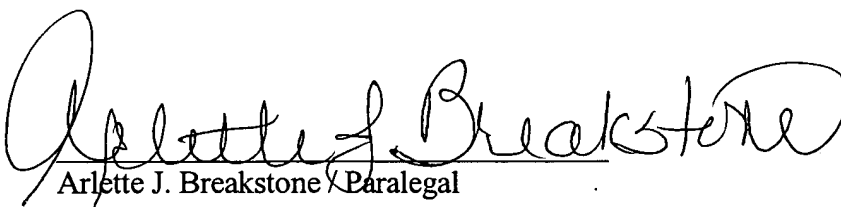
Our File No.: 10939.3801

CERTIFICATE OF MAILING

I HEREBY CERTIFY that the following correspondence: Amendment Transmittal Letter (in Duplicate); Amendment; and a Return Postcard for confirmation of receipt is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on this 11th day of October, 2005.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

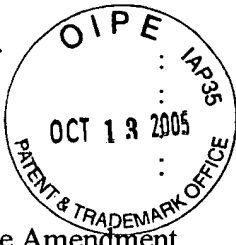
Any additional charges, including extension of time, please bill our Account No. 13-1130.


Arlette J. Breakstone / Paralegal

Date: October 11, 2005

MALIN, HALEY & DiMAGGIO, P.A.
Customer No. 22235
1936 South Andrews Avenue
Fort Lauderdale, Florida 33316
(954) 763-3303

In re Application of
Serial No.
Filed
For



FERNANDEZ, Jennifer
10/710,898
August 11, 2004

UNIVERSAL FASTENER FOR ASTHMA INHALER

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Sir:

- ☒ Transmitted herewith is an amendment in the above-identified application.
- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a statement previously submitted.
- ☒ No additional fee is required.

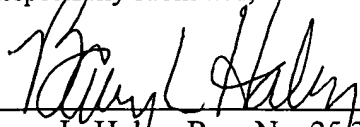
The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 9	MINUS	** 20	= 0	x\$25	\$ 0.00		x\$50	\$
INDEP	* 3	MINUS	*** 3	= 0	x\$100	\$ 0.00		x\$200	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					x\$150	\$ 0.00		X\$300	\$
					TOTAL ADDIT. FEE	\$0.00	OR	\$ 0.00	

- ☐ Please charge our Deposit Account No. 13-1130 in the amount of \$. A duplicate copy of this sheet is attached.
- ☐ A Request for a One-Month Extension of Time together with a check in the amount of \$_____ for the fee is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-1130. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☒ If there are any additional charges, including extensions of time, please bill our Deposit Account No. 13-1130.

MALIN, HALEY & DiMAGGIO, P.A.
1936 South Andrews Avenue
Ft. Lauderdale, FL 33316
(954) 763-3303


Respectfully submitted,


Barry L. Haley, Reg. No. 25/339

CLIENT NO. 22235

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of		October 11, 2005
Serial No.	:	FERNANDEZ, Jennifer
Filed	:	10/710,898
Entitled	:	August 11, 2004
Examiner	:	UNIVERSAL FASTENER FOR ASTHMA INHALER
Art Unit	:	Mitchell, Teena Kay
Our File No.	:	3743
	:	10939.3801

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Examiner's Office Action dated October 4, 2005, this Response is submitted.

Amendments to the Claims begin on page 2 of this document.

Remarks begin on page 5 of this document.